

REQUEST FOR RENAISSANCE ZONE CERTIFICATE OF GOOD STANDING OR STATE TAX CLEARANCE RECORD

OFFICE OF STATE TAX COMMISSIONER SFN 28220 (09-2017)

ND Tax Department Use Only		
	Approved	
	Not approved	

Contact Telephone Number

Part 1 - Type of request

	This is a request for a: (Check applicable box)		
	A. \square Renaissance zone certificate of good standing (N.D.C.C. § 40-63-11)		
B. ☐ State tax clearance record for local tax incentive other than a renaissance zone incentive (N.D.C.C. § 57-01-15.1)			
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Part 2 - Taxpayer information Legal name of taxpayer (If a sole proprietorship, enter name of individual who owns the business.) Trade or doing business as name, if different from legal name above State Current mailing address City ZIP Code Type of entity ☐ Limited liability company (filing as a partnership) ☐ Limited liability company (filing as an S corporation) ☐ Individual (or sole proprietorship) ☐ Regular (C) corporation ☐ Limited liability company (treated as a disregarded entity) - Identify owner below: ☐ Partnership (all types) Owner's name: ☐ Subchapter S corporation Owner's social security number or FEIN: ☐ Estate or trust ☐ Other (*Identify*) Federal employer identification number (FEIN) Social security number (of individual or owner of sole proprietorship) (If a sole proprietorship, enter FEIN if it has one) Is taxpayer a newly created business this year? \square Yes If taxpayer is a business, what is the principal business activity? _ Did taxpayer file a North Dakota income tax return for the most recent tax year? □ No (If a newly created business this year, skip this question.) If no, explain Does (or will) taxpayer sell tangible personal property or services for which North Dakota sales tax must be \Box Yes □ No collected from the customer? If yes, has taxpayer applied for or obtained a North Dakota sales tax permit? ☐ Yes ☐ No If no, explain _ Does (or will) taxpayer have employees whose wages are subject to North Dakota income tax withholding? ☐ No If yes, has taxpayer registered for North Dakota income tax withholding? If no, explain _ Taxpayer's signature Date

PRIVACY ACT NOTIFICATION

In compliance with the Privacy Act of 1974, disclosure of a social security number or Federal Employer Identification Number (FEIN) on this form is required under N.D.C.C. §§ 57-01-15 and 57-38-42, and will be used for tax reporting, identification, and administration of North Dakota tax laws. Disclosure is mandatory. Failure to provide the social security number or FEIN may delay or prevent the processing of this form.

Or fax request to: 701.328.1942

Mail request to: Individual Income Tax Section

Printed name of taxpayer

Attn: Supervisor

Office of State Tax Commissioner

600 E. Boulevard Ave. Bismarck ND 58505-0599

Important: The renaissance zone certificate of good standing or state tax clearance record will only be sent to the taxpayer or to the taxpayer's designated representative shown on a North Dakota Form 500 attached to this form.

Part 3 - Owner/Responsible Person Information

- If **Box A** (Renaissance zone certificate of good standing) is checked in Part 1, and the taxpayer identified in Part 2 is a partnership, subchapter S corporation, or a limited liability company (treated like a partnership or subchapter S corporation), provide the name and social security number or federal employer identification number (FEIN) of all of the business's owners.
 - **Note 1:** If any owner is a single-member limited liability company (SMLLC) that is a disregarded entity for federal income tax purposes, enter the name and identification number of the person who owns the SMLLC (not the name and identification number of the SMLLC).
 - **Note 2:** If any owner is another partnership or other type of passthrough entity (upper-tier entity), provide the names and identification numbers of both the upper-tier entity and the owners of the upper-tier entity. If there is more than one upper-tier level, this applies to each upper-tier level.
- If **Box B** (State tax clearance record for other local tax incentive) is checked in Part 1, and the taxpayer identified in Part 2 is a regular "C" corporation, subchapter S corporation, or a limited liability company (treated like a partnership or subchapter S corporation), only enter the name and social security number or federal employer identification number (FEIN) of any officer, partner, governor, or managing member who is responsible for the business's tax obligations. If there is more than one responsible person, include all responsible persons.

Note: You may attach your own statement in lieu of filling out this page.	
Name of Owner/Responsible Person	Social Security Number or FEIN
	1

If additional lines are needed, attach additional pages or attach your own statement.